

**House File 476 - Introduced**

HOUSE FILE 476

BY MASCHER and WINCKLER

**A BILL FOR**

1 An Act creating the dignity in pregnancy and childbirth Act.

2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1     Section 1.   LEGISLATIVE FINDINGS AND INTENT.

2     1.   The general assembly finds all of the following:

3     a.   Every person should be entitled to dignity and respect  
4 during and after pregnancy and childbirth. Patients should  
5 receive the best care possible regardless of their race,  
6 gender, age, class, sexual orientation, gender identity,  
7 disability, language proficiency, nationality, immigration  
8 status, gender expression, or religion.

9     b.   The United States has the highest maternal mortality  
10 rate in the developed world. Approximately seven hundred  
11 women die each year from complications related to pregnancy or  
12 childbirth. In Iowa, from 2016 to 2018, the rate of maternal  
13 death increased by sixteen percent.

14    c.   For women of color, particularly black women, the  
15 maternal mortality rate remains three to four times higher  
16 than for white women. Black women make up approximately  
17 five percent of the pregnancy cohort in Iowa, but represent  
18 twenty-one percent of the pregnancy-related deaths.

19    d.   In the United States, it is estimated that over  
20 sixty-three percent of pregnancy-related deaths were  
21 preventable.

22    e.   Access to prenatal care, socioeconomic status, and  
23 general physical health do not fully explain the disparity  
24 seen in black women's maternal mortality and morbidity rates.  
25 There is a growing body of evidence that black women are often  
26 treated unfairly and unequally in the health care system.

27    f.   Implicit bias is a key cause that drives health  
28 disparities in communities of color. At present, health care  
29 providers in Iowa are not required to undergo any implicit bias  
30 testing or training. Nor does there exist any system to track  
31 the number of incidents where implicit prejudice and implicit  
32 stereotypes have led to negative birth and maternal health  
33 outcomes.

34    2.   It is the intent of the general assembly to reduce  
35 the effects of implicit bias in pregnancy, childbirth, and

1 postnatal care so that all people are treated with dignity and  
2 respect by their health care providers.

3     Sec. 2. NEW SECTION. 135Q.1 **Title.**

4     This Act shall be known, and may be cited as "*The Iowa*  
5 *Dignity in Pregnancy and Childbirth Act*".

6     Sec. 3. NEW SECTION. 135Q.2 **Definitions.**

7     For the purposes of this chapter, unless the context  
8 otherwise requires:

9     1. "*Birth center*" means the same as defined in section  
10 135.61.

11     2. "*Department*" means the department of public health.

12     3. "*Health care professional*" means a health-related  
13 professional required to be licensed under chapter 147 who  
14 provides perinatal care.

15     4. "*Hospital*" means the same as defined in section 135B.1.

16     5. "*Implicit bias*" means a bias in judgment or behavior  
17 that results from subtle cognitive processes including implicit  
18 prejudice and implicit stereotypes that often operate at  
19 a level below conscious awareness and without intentional  
20 control.

21     6. "*Implicit prejudice*" means prejudicial negative feelings  
22 or beliefs about a group that a person holds without being  
23 aware of them.

24     7. "*Implicit stereotypes*" means the unconscious attributions  
25 of particular qualities to a member of a certain social group  
26 which are influenced by experience and are based on learned  
27 associations between various qualities and social categories,  
28 including race or gender.

29     8. "*Perinatal care*" means the provision of care during  
30 pregnancy, labor, delivery, and the postpartum and neonatal  
31 periods.

32     9. "*Pregnancy-related death*" means the death of a person  
33 while pregnant or within three hundred sixty-five days of the  
34 end of a pregnancy, irrespective of the duration or site of  
35 the pregnancy, from any cause related to, or aggravated by,

1 the pregnancy or its management, but not from accidental or  
2 incidental causes.

3     Sec. 4. NEW SECTION. 135Q.3 Perinatal care — health care  
4 professional training.

5     1. A hospital or primary care clinic that provides  
6 perinatal care and a birth center shall implement an  
7 evidence-based implicit bias training program for all health  
8 care professionals involved in providing perinatal care to  
9 patients within the facility.

10    2. An implicit bias program implemented pursuant to this  
11 section shall include all of the following:

12     *a.* Identification of previous or current unconscious biases  
13 and misinformation.

14     *b.* Identification of personal, interpersonal,  
15 institutional, structural, and cultural barriers to inclusion.

16     *c.* Corrective measures to decrease implicit bias at the  
17 interpersonal and institutional levels, including ongoing  
18 policies and practices for that purpose.

19     *d.* Information on the effects including but not limited  
20 to ongoing personal effects of historical and contemporary  
21 exclusion and oppression of minority communities.

22     *e.* Information about cultural identity across racial or  
23 ethnic groups.

24     *f.* Information about communicating more effectively across  
25 identities, including racial, ethnic, religious, and gender  
26 identities.

27     *g.* Discussions about power dynamics and organizational  
28 decision making.

29     *h.* Discussions about health inequities within the perinatal  
30 care field, including information on how implicit bias impacts  
31 maternal and infant health outcomes.

32     *i.* Perspectives of diverse, local constituency groups  
33 and experts on particular racial, identity, cultural, and  
34 provider-community relations issues in the community.

35     *j.* Information on reproductive justice.

1     3. *a.* A health care professional, whether or not directly  
2 employed by a facility specified in this section, providing  
3 perinatal care in such facility, shall complete initial  
4 implicit bias training as implemented in accordance with the  
5 components described in this section.

6     *b.* Following completion of the initial implicit bias  
7 training, a health care professional providing perinatal  
8 care in a facility specified in this section shall complete  
9 a refresher course every two years thereafter, or on a more  
10 frequent basis if deemed necessary by the facility, to remain  
11 informed about changing racial, identity, and cultural trends  
12 and best practices in an effort to decrease interpersonal and  
13 institutional implicit bias.

14    *c.* A hospital or primary care clinic that provides perinatal  
15 care and a birth center shall provide a certificate of training  
16 completion to a health care professional or to another such  
17 facility upon request. A facility may accept a certificate of  
18 training completion from another facility described in this  
19 section as evidence of satisfactory completion of the training  
20 requirement by a health care professional who practices in more  
21 than one facility.

22    Sec. 5. NEW SECTION. 135Q.4 **Maternal morbidity and**  
23 **pregnancy-related deaths — data collection and reporting.**

24    1. Pursuant to section 135.40, the department shall collect  
25 data on severe maternal morbidity including but not limited to  
26 morbidity involving any of the following health conditions:

- 27    *a.* Obstetric hemorrhage.
- 28    *b.* Hypertension.
- 29    *c.* Preeclampsia and eclampsia.
- 30    *d.* Venous thromboembolism.
- 31    *e.* Sepsis.
- 32    *f.* Cerebrovascular accident.
- 33    *g.* Amniotic fluid embolism.

34    2. The department shall track data on pregnancy-related  
35 deaths, including but not limited to the deaths resulting from

1 any of the conditions specified in subsection 1, indirect  
2 obstetric deaths, and other maternal disorders predominately  
3 related to pregnancy and complications predominantly related  
4 to puerperium.

5 3. The data collected pursuant to subsections 1 and 2 shall  
6 be published at least once every three years after all of the  
7 following have occurred:

8 a. The data has been aggregated by state regions or other  
9 geographic areas as defined by the department, to ensure the  
10 data reflects how regionalized care systems are or should  
11 be collaborating to improve maternal health outcomes. The  
12 data may be aggregated on an alternative sorting basis if  
13 the sorting is based on standard statistical methods for  
14 accurate dissemination of public health data without risking a  
15 confidentiality or other disclosure breach.

16 b. The data has been disaggregated by racial and ethnic  
17 identity.

18 EXPLANATION

19 The inclusion of this explanation does not constitute agreement with  
20 the explanation's substance by the members of the general assembly.

21 This bill creates the dignity in pregnancy and childbirth  
22 Act. The bill includes legislative findings and intent.

23 The bill creates new Code chapter 135Q, to be known and  
24 cited as "The Iowa Dignity in Pregnancy and Childbirth Act".  
25 The bill includes definitions including those for "implicit  
26 bias", "implicit prejudice", "implicit stereotypes", and  
27 "pregnancy-related death".

28 The bill requires a hospital or a primary care clinic that  
29 provides perinatal care and a birth center to implement an  
30 evidence-based implicit bias training program for all health  
31 care professionals involved in providing care to patients  
32 within the facility. The bill specifies the information to be  
33 included in the implicit bias training program, and requires a  
34 health care professional, whether or not directly employed by  
35 a facility specified in the bill, providing perinatal care in

1 such facility, to complete both initial implicit bias training  
2 and a refresher course every two years thereafter, or more  
3 frequently if deemed necessary by the facility. The facility  
4 shall provide a certificate of training completion to a health  
5 care professional or to another such facility upon request and  
6 a facility may accept a certificate of completion from another  
7 facility as evidence of satisfactory completion of the training  
8 requirement by a health care professional who practices in more  
9 than one facility.

10 The bill requires the department of public health (DPH) to  
11 collect data on severe maternal morbidity including morbidity  
12 involving certain health conditions and requires DPH to track  
13 data on pregnancy-related deaths, including but not limited to  
14 the deaths resulting from the specified conditions, indirect  
15 obstetric deaths, and other maternal disorders predominately  
16 related to pregnancy and complications predominantly related  
17 to puerperium. The data collected shall be published at least  
18 once every three years after the data has been aggregated by  
19 state regions or other areas as defined by the DPH to ensure  
20 the data reflects how regionalized care systems are or should  
21 be collaborating to improve maternal health outcomes and after  
22 the data has been disaggregated by racial and ethnic identity.